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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # F44356

MANOR CARE OF DUNEDIN, INC.

(6)

FILED May 15 1997 8:00am Secretary of State



Principal Place	0 (1.173,1100)							
10750 COLUMBIA PIKE SILVER SPRING MD 20901		10750 COLUMBIA PIKE SILVER SPBING MD 20901-4427						
					3. Date Incorporated or Qualified 09/11/1981	3a. Date of Last Report 05/01/1996		
2. Principa P	lace of Business	2a. Mailing Address			4. FEI Number		·	Applied For
21		26			52-1252397			Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		***************************************	5. Certificate of Status Desired		\$8.75	Additional
22		- PISSS DARNEST	OWN E	10	6. Certificate of Status Desired	<u></u>	Fee	Required
City & State	6			MJ.	6. Election Campaign Financing		\$5.0	O May Be
3		MAITHERSBURG		0878-320	Trust Fund Contribution		Adde	d to Fees
Zip 24	Country 25	Zip 29	Count	ry	8. This corporation has liability for in		tax under] No	s. 199.032,
	9. Name and Address of Curre		13-1		10. Name and Address of New Re	gistered A	gent	··· ,,
UNI	TED STATES CORPORATION C	OMPANY	8	1 Name				
	I HAYS STREET	· • • • • • • • • • • • • • • • • • • •	ا ا	O Our at Audal	(C.O. D. A)			
	TE 105		82 Street Ad		dress (P.O. Box Number is Not Acceptable)			
	LAHASSEE FL 32301		8	3				
1744	TARAMPE I F AFAN I		_				- 	
			8	4 City		FL	85 Zi	p Code
11. Porsinant	to the provisions of Sections 607 0	502 and 607,1508. Florida Statu	tes, the abo	ve-named con	poration submits this statement for the n		changing	its registere
office or r	egistered agent, or both, in the Sta	te of Florida, Such change was	authorized	by the corpora	poration submits this statement for the pation's board of directors. I hereby accept	ot the appo	sintment i	as registered
agen: ca	m tantiliar with, and accept the obli	igations or, Section 607.0505, F	ionga Siaiui	es.				
SIGNATURI	Charles and do readed a we dispersioned	must and tits a postingfula. (AIC)		neal signature that	lied upon renetation	DATE		
	Signature apprix or protect name of registered a		TE: Registered A	gent signature requ	ilred when renstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND	DIRECTO	DRS IN 12
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Information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that have an effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

0497706